

EXHIBIT B

0115UCDSQ0010004532



Horizon Blue Cross Blue Shield of New Jersey
P.O. BOX 420
NEWARK, NJ 07101-0420



CUSTOMER SERVICE
MONDAY-FRIDAY 8AM-5PM
VISIT OUR WEB SITE
WWW.HORIZONBLUE.COM

www.horizonblue.com

Sequence No: 6040708
Payee ID: 140441
Tax ID: 260463867
NPI Code: 1628254769
Date: 1/15/2011
PAGE 1 of 2

RECIPIENT: MONTVALE SURGICAL CENTER LLC
6 CHESTNUT RIDGE RD
MONTVALE NJ 07045-1802

PAYMENT SUMMARY:

GROSS CLAIM AMOUNT: 0.00
LATE INTEREST: 0.00
A/R'S APPLIED: 0.00
CHECK AMOUNT: 0.00

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE 1-800-624-2048.

WE ARE REQUIRED BY LAW TO REJECT STANDARD TRANSACTIONS SUBMITTED WITHOUT AN NPI, EFFECTIVE 5/23/08.
WE MUST RECEIVE YOUR APPEAL WITHIN 90 DAYS OF ORIGINAL CLAIM DECISION. FOR HELP BALANCING THE VOUCHER GO TO WWW.HORIZONBLUE.COM

An Independent Member of the Blue Cross Blue Shield Association.



Horizon Blue Cross Blue Shield of New Jersey
P.O. BOX 420
NEWARK, NJ 07101-0420



Date: 1/15/2011
Provider ID: 140441
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Sequence Number
6040708

NP-01N 002138



MONTVALE SURGICAL CENTER LLC
6 CHESTNUT RIDGE RD
MONTVALE NJ 07045-1802

MSC000007

0116UGDS00010004533

www.horizonblue.com

Date: 1/15/2011
 PAGE 2 OF 2

Sequence No: 6040708
 Payee ID [REDACTED]
 NPI Code 169250750

PATIENT						SUBSCRIBER				SUB ID		CLAIM NO		PATIENT ACCT		
DOS	RMK	REV COD	QTY	PROC	MOD	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY DIRECT ACCESS																
[REDACTED]						[REDACTED]				362N307B89000		NA-780201012027301 02		0000572		
4/01/10	E561					14,000.00	0.00		5,000.00	0.00	0.00	0.00	14,000.00		0.00	0.00
	M020															
	Z544															
CLAIM TOTAL:						14,000.00	0.00		5,000.00	0.00	0.00	0.00	14,000.00		0.00	0.00
NA-780201017831072 02 YHX3H2N30704900																
3/30/10	E561					11,500.00	0.00		2,500.00	0.00	0.00	0.00	11,500.00		0.00	0.00
	M020															
	Z544															
CLAIM TOTAL:						11,500.00	0.00		2,500.00	0.00	0.00	0.00	11,500.00		0.00	0.00
NA-780201017431078 02 YHX3H2N30704900																
3/31/10	E561					14,000.00	0.00		5,000.00	1,470.00	100.00	0.00	12,000.00		0.00	2,000.00
	M011															
	Z544															
CLAIM TOTAL:						14,000.00	0.00		5,000.00	1,470.00	100.00	0.00	12,000.00		0.00	2,000.00

REMARK CODES

Z544 1200
 THIS IS FOR INFORMATIONAL PURPOSES ONLY AND THE ACTUAL PAYMENT (IF ANY) WAS MADE TO THE MEMBER.

E561 1200
 THIS SERVICE IS CONSIDERED AN EXPERIMENTAL PROCEDURE, IT IS INELIGIBLE FOR PAYMENT.

M020 1200
 DOLLAR MAXIMUM HAS BEEN REACHED.

M011 1200
 THE PATIENT HAS EXCEEDED THE MAXIMUM DOLLAR AMOUNT ALLOWED FOR THIS SERVICE DURING THIS BENEFIT PERIOD.

THIS VOUCHER WAS PREPARED WITH THE INFORMATION AVAILABLE TO US AT THE TIME OF PROCESSING.
 YOUR PATIENTS HAVE RECEIVED AN INDIVIDUALIZED EXPLANATION FORM WITH SIMILAR INFORMATION.

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY INQUIRY ADDRESS
 PO BOX 1770
 NEWARK NJ 07101-1770

MSC000008